

MA. ... RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

SUPPLEMENT ATTACHED

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

103  
380

## 1. PLACE OF BIRTH

County..... State.....  
District or Township..... or Village.....  
City..... No..... St..... Ward.....  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *William Eugene Shaw* { If child is not yet named, make supplemental report, as directed.

3. Sex of Child *M.* To be answered ONLY in event of plural births. 4. Twin, triplet or other..... 6. Legitimate? *yes.* 7. Date of birth *8 4 28*  
Month Day Year

8. FATHER  
Full name *Wm. Lewis Shaw*

14. MOTHER  
Full maiden name *Emma Eugenia Anderson*

9. Residence (Usual place of abode) *Ray.*  
If non-resident, give place and state.

15. Residence (Usual place of abode) *Ray.*  
If non-resident, give place and state.

10. Color or race *W.* 11. Age at last birthday *26* (Years)

16. Color or race *W.* 17. Age at last birthday *24* (Years)

12. Birthplace (city or place) *Dapne*  
(State or country)

18. Birthplace (city or place) *Tex*  
(State or country)

13. Occupation *Asst Engineer*  
Nature of industry

19. Occupation *Asst*  
Nature of industry

20. Number of children of this mother *2*  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living *2*  
(b) Born alive but now dead.....  
(c) Stillborn.....

21. Were precautions taken against ophthalmia neonatorum. *yes*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* at *1 P. M.* on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return: A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature *C. E. Perkins*

Given name added from a supplemental report..... Address.....  
Month, day, year

Registrar..... Filed *Sept 10 28* 19.....  
Registrar.....

626-804-315